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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> INDIA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 30
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 60429				
<b>TITLE</b> Method and system of providing periodic replication				
<b>FILING FEE RECEIVED</b> 1036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	